Survey of ART failure management

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Aim and background

To describe arrangements for managing patients with HAART failure and/or drug resistance, and ways these might be improved.

Failure defined as persistently detectable VL on HAART:
- First line: first failure, with no or single-class resistance. May have had previous treatment change eg for toxicity/tolerability.
- Second or subsequent failure.
Methods and participation


53 had responded to a 2007 survey of clinical network arrangements. Based on this:

- 32 classified as outpatient HIV units
- 8 classified as HIV centres providing complex care.

The other 30 clinics/departments were not clearly classified.

Sites’ experience of ART failure

![Graph showing estimated annual number of ART failure cases by number of sites for first and second/subsequent failure.]
How is ART failure managed?

- Assess/manage without advice from outside department
- Seek external advice, assess/manage within department
- Assess jointly with external specialist, manage within department
- Refer for assessment, expect referral back for management

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<thead>
<tr>
<th>First failure with no/single class resistance</th>
<th>Second/subsequent failure</th>
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<tr>
<td>All participating sites</td>
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<tr>
<td>Outpatient HIV units</td>
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<tr>
<td>Number of sites</td>
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<td>0</td>
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Multidisciplinary involvement

- Pharmacologist
- Liaison psychiatry/mental health
- HIV specialist social worker
- HIV specialist pharmacist
- HIV specialist nurse
- Other clinical virologist
- HIV specialist virologist
- HIV specialist consultant physician

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### Assessment method for second/subsequent failure

- 44 sites use multidisciplinary meetings (2 with patient present)
- At 23 sites, the lead clinician consults individually with other relevant specialists
- No sites routinely use teleconference, online forums or other non-face to face discussion.

61 (87%) have a *regular* arrangement for multidisciplinary assessment of such patients – 38 at the site and 23 across the clinical network.

### Other issues raised

- Several respondents wanted better access to expert advice, especially HIV specialist pharmacists and virologists. Also mental health specialists, HIV nurses, pharmacologists, social workers, dieticians.
- Direct personal interaction is important for multidisciplinary review of complex patients. Some respondents suggested more use could be made of teleconferences, online forums etc.
- Multi-disciplinary case discussions are valued for CPD as well as individual patient care.
### Other issues raised, continued

- Problems with funding for specific drugs were rare.
- However, several sites reported problems with funding clinical networks, pharmacists, other staff, and mental health care. Some thought commissioning was unclear or poor.
- Most sites sometimes seek advice from outside their own clinical network; 3 do so monthly or more.

### Conclusions

- ART failure occurs only rarely at most sites.
- It is mostly managed locally rather than through clinical networks.
- About a quarter of outpatient HIV units assess second/subsequent failure patients without seeking external specialist advice.
- There is scope for strengthening clinical networks and multidisciplinary engagement in assessing and managing ART failure and resistance.
Recommendation

- Clinicians and commissioners should continue to develop and support clinical networks for HIV in line with *Standards for HIV clinical care*.

Pandemic H1N1 influenza rapid appraisal

Online survey of BHIVA members to assess impact of pandemic H1N1 influenza on HIV patients and services. Initial issues:

- Avoiding mis-diagnosis: HIV patients with non-severe influenza symptoms to phone HIV clinic (as well as flu hotline/GP)
- Some clinics lack facilities to separate symptomatic outpatients from other patients
- Overall workload impact of epidemic.

To continue, focussing on HIV-related concerns.
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<td>Planned for autumn 2009:</td>
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<td>▪ Casenote review and survey of HIV and hepatitis B/C co-infection</td>
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<tr>
<td>▪ Survey of management of paediatric aspects of adult HIV care:</td>
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<td>ensuring testing of children of adult patients transition for young people.</td>
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